FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

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Est.	03027743	3
hours	per response	1.00

RECD S.E.C. 22 2003

PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** 108 UNIFORM LIMITED OFFERING EXEMPTION

SEC US	E ONLY
Prefix	Serial /
DATE RI	ECEIVED
	340

Name of Offering (check if this is an amen SHURGARD STORAGE CENTERS, INC.	dment and name has changed, and indicate change.)	· INT &
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☐ Rule 50	O6 Section 4(6) ULOE
Type of Filing: New Filing Ame	endment	
	A. BASIC IDENTIFICATION DATA	, in
1. Enter the information requested about the iss	uer	
Name of Issuer (check if this is an amen SHURGARD STORAGE CENTERS, INC.	dment and name has changed, and indicate change.)	
Address of Executive Offices 1155 VALLEY STREET, SUITE 400, SEA	(Number and Street, City, State, Zip Code) TTLE, WA 98109	Telephone Number (Including Area Code) 206-624-8100
Address of Principal Business Operations Same as above	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business The Company develops, acquires, owns and	manages self-storage centers and related operation	ons.
Type of Business Organization		**************************************
corporation	limited partnership, already formed	other (please specify):
business trust	limited partnership, to be formed	Real estate investment trust (REIT)
Month Year		
Actual or Estimated Date of Incorporation or Or	ganization: 0 7 9 3	Actual EstimpROCESSE
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service Abbreviation of CN for Canada; FN for other foreign jurisdiction)	for State: WA JUL 24 2003
GENERAL INSTRUCTIONS		THOMSOM

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

> > SEC 1972 (2-99) 1 of 6

FINANCIAL

[SB031880195.DOC]

			corporate general and man	aging partners of p	partnership issuers; and
Each general and n	nanaging partner	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addi	ess (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)	-	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
	(Use blan	nk sheet, or copy and use a	dditional copies of this she	et, as necessary.)	

2. Enter the information requested for the following: <u>PLEASE REFER TO ATTACHED SCHEDULE OF OFFICERS AND DIRECTORS</u>

Each promoter of the issuer, if the issuer has been organized within the past five years;

2 of 6

SHURGARD STORAGE CENTERS, INC.(SHU) 1155 Valley Street, Suite 400 Seattle, WA 98109-9624 (206) 624-8100

OFFICERS

Charles K. Barbo 1155 Valley Street, Suite 400 Seattle, WA 98109-9624 President, Chairman, Chief Executive Officer,

Harrell L. Beck 1155 Valley Street, Suite 400 Seattle, WA 98109-9624 Treasurer, Chief Financial Officer Senior Vice President, Principal Accounting Officer,

David K. Grant 1155 Valley Street, Suite 400 Seattle, WA 98109-9624 Executive Vice President,

Christine M. McKay 1155 Valley Street, Suite 400 Seattle, WA 98109-9624 Senior Vice President, General Counsel and Secretary

Steven Tyler 1155 Valley Street, Suite 400 Seattle, WA 98109-9624 Senior Vice President Operations

BOARD OF DIRECTORS

Charles K. Barbo

1155 Valley Street, Suite 400 Seattle, WA 98109-9624

Harrell L Beck

1155 Valley Street, Suite 400 Seattle, WA 98109-9624

W. J. Smith

1301 Gary Way Carmichael, CA 95608

Howard P. Behar

6926 SE 34th Street Mercer Island, WA 98040 Raymond A. Johnson 10820 Kulshan Road Woodway, WA 98020

George P. Hutchinson

The Highlands Seattle, WA 98177

W. Thomas Porter

5183 N.E. Laurelcrest Lane Seattle, WA 98105

Anna K. Andrews

3329 East Madison Street Seattle, WA 98112

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
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Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
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Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	 .			
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)	<u>-</u>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)	*****	
	(Use blan	nk sheet, or copy and use a	dditional copies of this she	et, as necessary.)	······································

[SB031880195.DOC] 3 of 6

Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? Yes No 3. Does the offering permit joint ownership of a single unit? Letter the information requested for each person who has been or will be paid or given, directly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer, given the order of dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. NA Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Cods) Business or Residence Address (Number and Street, City, State, Zip Cods) Business or Residence Address (Number and Street, City, State, Zip Cods) Business or Residence Address (Number and Street, City, State, Zip Cods) Business or Residence Address (Number and Street, City, State, Zip Cods) Business or Residence Address (Number and Street, City, State, Zip Cods) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and	1. Has th	he issuer solo	d, or does th	e issuer inte	nd to sell, to	o non-accred	lited investo	ors in this of	fering?			Tes	No
3. Does the offering permit joint ownership of a single unit?	-		Ans	swer also in .	Appendix, (Column 2, if	filing under	r ULOE.					
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly, or indirectly, any commission or similar remancration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SPC and/or with a state or states, list the name of the broker or dealer person or agent of a broker or dealer registered with the SPC and/or with a state or states, list the name of the broker or dealer only. Not provide the provide of dealer, and the provided of t	2. What	is the minim	um investm	ent that will	be accepted	d from any i	ndividual?					<u>\$ n/a</u>	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remunent on for solicitation of prachasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer from the file (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. **More of Associated Broker or Dealer** **States in Which Person Listed Has Solicited or Intends to Solicit Purchasers** (Check "All States" or check individual States)	•												No
similar renumeration for Solicitation of purchasers in connection with sales of Securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SISC and/or with a state or states, list the name of the broker or dealer. If more than five (2) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Main		•		-	_								
Name of Associated Broker or Dealer	simila an ass or dea	ar remunerati sociated persaler. If more	on for solic on or agent than five (5	itation of pu of a broker of b) persons to	rchasers in or or dealer reg be listed ar	connection v gistered with	with sales of the SEC an	securities in d/or with a	n the offering state or state	g. If a persons, list the na	on to be listed ame of the br	d is	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Full Nam	e (Last name	first, if ind	ividual)									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Business	or Residence	Address (N	Number and	Street, City,	State, Zip (Code)						
All States Check "All States" or check individual States CA	Name of	Associated B	roker or De	ealer	···-	<u>, </u>			 				
[AL]	States in	Which Perso	n Listed Ha	s Solicited o	r Intends to	Solicit Purc	chasers						
ILI	•				*								
MT			-				_						
Business or Residence Address (Number and Street, City, State, Zip Code)	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)					[1X]	[UI]	[VI]	[VA]	[WA]	[WV]	[WI]	[WY]	[PK]
Name of Associated Broker or Dealer	T dil T talli	e (Dust name	mst, n ma	· · · · · · · · · · · · · · · · · · ·									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business	or Residence	Address (N	Number and	Street, City,	State, Zip C	Code)						
Check "All States" or check individual States	Name of	Associated B	roker or De	ealer									
Check "All States" or check individual States	States in	Which Perso	n Listed Ha	s Solicited o	r Intends to	Solicit Purc	hasers		_				
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							•••••		•••••			☐ All	States
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)												[HI]	[ID]
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Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]					[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	Business	or Residence	Address (N	Number and	Street, City,	State, Zip C	Code)						
(Check "All States" or check individual States)	Name of	Associated B	roker or De	aler	1.0	_		. =	-10		, and a second		
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NI] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	States in	Which Perso	n Listed Ha	s Solicited o	r Intends to	Solicit Purc	hasers			· ·			
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	•										F.C. 4.1		
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]										-			
	[MT]	[NE]	-										

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering ar amount already sold. Enter "0" if answer is "none" or "zero." If the transa exchange offering, check this box and indicate in the columns amounts of the securities offered for exchange and already exchanges	action is an below the	
ų	Type of Security Debt	Aggregate Offering Price	Amount Already Sold \$
	Equity 3,050,000 shares issued in triangular merger		
		<i>\$100,650,000</i>	\$100,650,000
	Convertible Securities (including warrants)	C	œ.
	Partnership Interests		\$
	•		\$
	Other (Specify)		\$ (50,000(1)
	Answer also in Appendix, Column 3, if filing under ULO		\$100,650,000(1)
2.	2	purchased nases. For purchased	A
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	\$100,650,000(1)
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULO	E.	
3.	If this filing is for an offering under Rule 504 or 505, enter the information for all securities sold by the issuer, to date, in offerings of the types indicativelye (12) months prior to the first sale of securities in this offering securities by type listed in Part C - Question 1.	ated, in the Classify	
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and of the securities in this offering. Exclude amounts relating solely to of expenses of the issuer. The information may be given as subject contingencies. If the amount of an expenditure is not known, furnish an excheck the box to the left of the estimate.	rganization to future	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		S
	Legal Fees		S
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)		\$
	Total		\$
		L.	· · · · · · · · · · · · · · · · · · ·

-	b. Enter the difference between the aggregate of Question 1 and total expenses furnished in re difference is the "adjusted gross proceeds to the issue."	_	\$			
5 .	Indicate below the amount of the adjusted gross prused for each of the purposes shown. If the amou estimate and check the box to the left of the estime equal the adjusted gross proceeds to the issuer set above.	nt for any purpose is not known, anate. The total of the payments li	furni isted	sh an must		
				Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation o	f machinery and equipment	$\bar{\sqcap}$	\$		\$
	Construction or leasing of plant buildings an		\Box	\$		\$
	Acquisition of other businesses (including the	ne value of securities involved in			- —	
	this offering that may be used in exchange for another issuer pursuant to a merger)			\$	\boxtimes	\$100,650,000 (1)
	Repayment of indebtedness			\$		\$
	Working capital			\$		\$
	Other (specify):					
				•		d)
	C.J. T.J.			\$		\$
	Column Totals		Ш	\$	_ 니	\$
	Total Payments Listed (column totals added))		L <u>\$</u>	100,6	550,000(1)
	Represents the approximate value of the 3,050,000 ter's shares (\$33) on the New York Stock Exchange	ge, on June 30, 2003, the effective	e dat		ie (roi	unded) closing sales price of t
		D. FEDERAL SIGNATURE				
sigr	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur rmation furnished by the issuer to any non-accredite	rnish to the U.S. Securities and E	xcha	nge Commission,		
Issu	er (Print or Type)	Signature				Date
SH	URGARD STORAGE CENTERS, INC.	Deen		MC		July 15, 2003
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)			+	- <u> </u>
Ch	ristine M. McKay	Senior Vice President at	nd S	Secretary	/	
						•